South Campus 633 S 12th St; Milwaukee, WI 53204, 414-369-2193
North Campus 3814 W North Avenue; Milwaukee, WI 53208, 414-212-8023
Windlake Campus 2552 S 19th Street; Milwaukee, WI 53204; 414-763-3449

This letter is to request my official transcripts to be sent to the location listed.

Student Name (at time of graduation):

_____

Year of Graduation: _____ Today's Date: _____

Your Address (City, State & Zip code):

_____

_____

_____

I _____ request that Academy of Excellence release my final official transcripts to the following organization:

Name of Organization:

_____

Address of organization (City, State and Zip Code):

_____

_____

Phone Number:

_____

South Campus 633 S 12th St; Milwaukee, WI 53204, 414-369-2193
North Campus 3814 W North Avenue; Milwaukee, WI 53208, 414-212-8023
Windlake Campus 2552 S 19th Street; Milwaukee, WI 53204; 414-763-3449

Person to contact:

_____

Signature of person Requesting records:

_____

Print Name:

_____